12122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Champ — LENGTH OF STAY (in this place): all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Champ
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) S. (Last) Bozman

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 29, 1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Champ, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alonzo Bozman

14. MOTHER'S MAIDEN NAME: Nora Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs George Bozman, Champ, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of Liver

156.1 Antecedent cause(s)

46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Cancer Liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apl. 15th, 1949, to Dec 10, 1949, that I last saw the deceased alive on Dec. 10th, 1949, and that death occurred at his home m., from the causes and on the date stated above.

SIGNATURE: T. J. Smith (Degree or title) ADDRESS: Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 13, 1949 — NAME OF CEMETERY OR CREMATORY: G. O. A. M. Cemetery — LOCATION (City, town, or county): Oriole (State): Md.

DATE REC'D BY LOCAL REG.: 12/12/49 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr. — 24. FUNERAL DIRECTOR: Dale Dashiell — ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12123

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset Upper Fairmount MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ronald (Middle) (Last) Bozman
4. DATE OF DEATH (Month) Dec (Day) 16 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 26, 1948
9. AGE last birthday (one) yrs. | If under 1 year Months 8 Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Carroll Bozman
14. MOTHER'S MAIDEN NAME Helen V. Miles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Helen V. Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hydrocephalitis

752 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1947, to Dec 16, 1949, that I last saw the deceased alive on June, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A Cullen M.D. | ADDRESS Marion Md | DATE SIGNED Dec 27 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Dec 18" | NAME OF CEMETERY OR CREMATORY Episcopal Cemetery | LOCATION (City, town, or county) (State) Princess Anne

DATE REC'D BY LOCAL REG. 12/19/49 | REGISTRAR'S SIGNATURE R H Johnson, M.D. B. | 24. FUNERAL DIRECTOR Harry B. Miles | ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12124

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) UPSHUR (Middle) JUNIOR (Last) BULL

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 12, 1925

9. AGE last birthday: 24 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Mechanic

11. BIRTHPLACE (State or foreign country): Onancock, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Upshur Bull

14. MOTHER'S MAIDEN NAME: Viola M. Humdley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If yes, give war or dates of service): War II

16. SOCIAL SECURITY No.: 227-20-2774

17. INFORMANT: Mrs Upshur J. Bull Westover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary hemorrhage	minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary metastasis of Choroiepithelioma	months ?
178 S1c	(c) Chorioepithelioma of left testicle	6. mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1949, to Dec. 22, 1949, that I last saw the deceased alive on Dec. 21, 1949, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Princess Anne, Md. Dec. 23, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-25-1949

NAME OF CEMETERY OR CREMATORY: Grotons Cemetery

LOCATION (City, town, or county) (State): Near Hallwood, Va.

DATE RECD BY LOCAL REG.: 12/23/49

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Levin B. Nelson, Princess Anne, Md.

VS. A15

RECEIVED
DEC 27 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12125

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS White's Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS White's Road (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) NICHOLAS (Last) BYRD

4. DATE OF DEATH (Month) 12/16/49 (Day) (Year) 19

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH About 1877

9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Accomac County, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Smith Byrd

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Smith Byrd- Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Die of Heart Uremic	
Antecedent cause(s)	(b) Chronic Int nephritis Chronic Int nephritis	4 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis of Prostate	4 years

177
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Dec 16, 1949, that I last saw the deceased alive on Dec 14, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE George O Cullum MD (Degree or title) ADDRESS Marion Sts Md DATE SIGNED 12/17/49

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE 12/18/49

NAME OF CEMETERY OR CREMATORY Wesley Cemetery

LOCATION (City, town, or county) (State) Marion, Md.

DATE REC'D BY LOCAL REG. 12/17/49

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors Crisfield ADDRESS

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12126

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion station | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Washington	P.	Dennis	Dec.	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	Negro	Married	Jan. 14, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion Station, Md Somerset County
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isiah Dennis
14. MOTHER'S MAIDEN NAME: Mary E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Int nephritis Chronic myocarditis — yes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pos Wassermann

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
nn		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 24, 1949, to Dec. 5, 1949, that I last saw the deceased alive on Dec 5, 1949, and that death occurred at 4-3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eugene A Cockburn M D — ADDRESS: Marion Sta Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	December 8, 1949	Family Cemetery	Marion station Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/7/49	Betty Mosley	George W. Tilghman	

VS. A15

RECEIVED
DEC 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12127

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F (Last) Flemming

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: July 10-1863 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months 5 Days 2 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Snow Hill Worcester Co Md | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Levin Flemming | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Daniel Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 24 Hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis & Chronic nephritis

1310 (c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Dec 16, 1949 that I last saw the deceased alive on Dec 1, 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo C Coulbourn M D | Marion Sta Md | 12/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Dec 21-1949 | NAME OF CEMETERY OR CREMATORY Branch cemetery | LOCATION (City, town, or county) Marion Sta, Somerset Co (State) Md

DATE REC'D BY LOCAL REG. 12/20/49 | REGISTRAR'S SIGNATURE Betty Massey | 24. FUNERAL DIRECTOR Norma J. Ward | ADDRESS Marion Sta, Md.

VS. A15

RECEIVED
DEC 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12128

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location) Pine Street

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) (Last) GATES			4. DATE OF DEATH (Month) 12/9/49 (Day) (Year) 19		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 12/24/1894	9. AGE last birthday 54 yrs.	If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Whitehaven, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS McCready Hospital-Crisfield, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease,

550.1 Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza, Appendicitis Peritonitis — 14 days

(c) Intestinal obstruction Hahnemann,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Chronic myocardial nephritis

19a. DATE OF OPERATION 1st opera Nov 18 2d opera Dec 1	19b. MAJOR FINDINGS OF OPERATION Peritonitis foreign appendicitis Intestinal obstruction	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 17, 1949, to Dec 9, 1949, that I last saw the deceased alive on Dec 9, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE George C. Coulbourn MD (Degree or title) ADDRESS Marion St Md DATE SIGNED Dec 18-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 12/13/49	NAME OF CEMETERY OR CREMATORY Bethel A.M.E. Cemetery	LOCATION (City, town, or county) (State) Cambridge, Md.
DATE REC'D BY LOCAL REG. 12/10/49	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Louis Bayneum	ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12129

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield, Md; LENGTH OF STAY (in this place) 1 night; HOSPITAL OR INSTITUTION OR STREET ADDRESS Elw. McCready Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Maurice (Last) Holden

4. DATE OF DEATH: (Month) December (Day) 27, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 31, 1947

9. AGE last birthday: 2 yrs. If under 1 year: Months 11 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Marumsco, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl Holden

14. MOTHER'S MAIDEN NAME: Tyviola Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Tyviola Holden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 3:00 PM 26th

Immediate cause (a) Acute dilation of Heart - Shock

888.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

179x (b) Drank Black Leaf 40.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 26, 1949, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE: Guy C. Coulbourn (Degree or title) M.D. ADDRESS: Marion Md DATE SIGNED: 12/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12/29/49 | NAME OF CEMETERY OR CREMATORY: Ebenezer Church | LOCATION (City, town, or county) (State): Marumsco, Md.

DATE REC'D BY LOCAL REG. 12/27/49 | REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: George H. Tilghman ADDRESS: Marion Md

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DEC 30 1949
BUREAU V. S.

Evidence for addition in 18a shown on:

FILM No. G 125 JAN 4 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12130

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 117 S. 4th Street

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Francis (Last) Hudgins
4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 14, 1866
9. AGE last birthday: 83 yrs.
If under 1 year: Months 9 Days 13
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Matthews County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Bertha Ward.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1 92a

Immediate cause (a) Heart Failure - Aortic Insufficiency (1/14/50 jams) — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) Infirmety from age

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st 1946, to Dec 3rd 1949., that I last saw the deceased alive on Dec 3, 1949., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Alexander Rosse M.D. Crisfield Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 6, 1949. — NAME OF CEMETERY OR CREMATORY: Lawsonia — LOCATION (City, town, or county) (State): Crisfield, Somerset Co. Md.

DATE REC'D BY LOCAL REG. Dec 5 — REGISTRAR'S SIGNATURE: Bertha W. Tyler — 24. FUNERAL DIRECTOR: Charles H. Ford — ADDRESS: Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 7 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12131

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Celia (Middle) (Last) Jones

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 4, 1887

9. AGE last birthday: 62 yrs.

If under 1 year: Months; Days 14

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): invalid

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Marion Sta., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Byrd.

14. MOTHER'S MAIDEN NAME: Katherine Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Elizabeth Collins - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia, Acute Nephritis	1 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis Chronic Nephritis	year
025 30b	(c) General paresis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Dec. 18, 1949, that I last saw the deceased alive on Dec. 16, 1949 and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE Geo. C. Guillman M.D. (Degree or title) ADDRESS Marion Sta. Md. DATE SIGNED 12/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 20, 1949 | NAME OF CEMETERY OR CREMATORY: Branch Cemetery | LOCATION (City, town, or county) (State): Marion Sta., Md. Som.

DATE REC'D BY LOCAL REG. 12/20/49 | REGISTRAR'S SIGNATURE: Betty Massey | 24. FUNERAL DIRECTOR: Norris J. Ward ADDRESS: Marion Sta., Md.

VS. A15

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DEC 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12132

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md.
LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PrincessAnne, Md.
STREET ADDRESS (If rural, give location): Hampden Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEVIN		KING	Dec. 18, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Widowed	1864	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill laborer		Maryland	U.S.A.

13. FATHER'S NAME: Morris King

14. MOTHER'S MAIDEN NAME: Susie Dunby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Levin King, Jr. (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	Immediate
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension and Arteriosclerosis	12 years
83a (c)	General debility and malnutrition	? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Previous cerebral hemmorrhage--12 years ago.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to Dec. 18, 1949, that I last saw the deceased alive on Never, 19....., and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. R. Huntable M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED: Dec. 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-22-49	John Wesley	Princess Anne, Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-49	R. A. Johnson, M.D.	William H. Jones Jr.	Princess Anne, Md

VS. A15

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12133

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Vernon — LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Vernon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E (Last) Kirkpatrick
4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept 18, 1856
9. AGE last birthday: 93 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaver County Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Edward Wolfe
14. MOTHER'S MAIDEN NAME: Jane Musser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mr James Kirkpatrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Metastatic Carcinoma — 1 yr.

Antecedent cause(s) (b) Carcinoma Cervix — unknown

171 48a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1949, to Dec. 21, 1949, that I last saw the deceased alive on Dec. 19, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Chas. B. Whaley M.D. (Degree or title) — ADDRESS: Princess Anne, Md — DATE SIGNED: 12/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec 24, 1949 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county): Mt Vernon (State): Md

DATE REC'D BY LOCAL REG.: 12/24/49 — REGISTRAR'S SIGNATURE: R. H. Johnson M.D. — 24. FUNERAL DIRECTOR: Dale Dashiell B. — ADDRESS: Princess Anne, Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12134

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS: A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 310 Pine St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 310 Pine St.

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) BATES (Last) LANDON

4. DATE OF DEATH: (Month) (Day) (Year) 12/18/49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 4/16/1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): school teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Landon

14. MOTHER'S MAIDEN NAME: Martha Jane Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Miss Cora Landon-Crisfield 310 Pine St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 day.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE: S. W. Peyton (Degree or title): M. D. ADDRESS: Crisfield, Md DATE SIGNED: Dec 19 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 12/21/49 NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery LOCATION (City, town, or county) (State): Crsifield, Md.

DATE REC'D BY LOCAL REG. 12/21/49 REGISTRAR'S SIGNATURE: Betty W. Dyke

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors Crisfield

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DEC 27 1949
BUREAU V. S.

12135

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Wheatley (Last) Miles

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept. 6, 1905

9. AGE last birthday: 44 yrs. If under 1 year: Months 2 Days 29 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood worker

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Sta. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George U. Miles

14. MOTHER'S MAIDEN NAME: Daisy Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.: 216-05-3754

17. INFORMANT: George U. Miles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremic Poisoning	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis, Chronic	years
	(c) Myocarditis, Luetic	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1949, to Dec 5, 1949, that I last saw the deceased alive on Dec 5, 1949, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

C. O. Rawley M.D. — Crisfield, Md

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Dec. 8, 1949 — NAME OF CEMETERY OR CREMATORY: Wesley Cemetery — LOCATION (City, town, or county) (State): Marion Sta., Som. Co. Md.

DATE REC'D BY LOCAL REG. Dec. 8, 1949 — REGISTRAR'S SIGNATURE: Betty W. Lyon — 24. FUNERAL DIRECTOR: Charles H. Ward — ADDRESS: Marion Sta., Md.

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DEC 12 1949
BUREAU V. S.

12136

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paper Street	STREET ADDRESS (If rural, give location): Paper Street

3. NAME OF DECEASED (Type or Print)	(First) OSCAR	(Middle) --	(Last) ROBINSON	4. DATE OF DEATH (Month) Dec. (Day) 28, (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married?	8. DATE OF BIRTH: 1911	9. AGE last birthday: 38 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sea food laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Fort Valley, Georgia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Manley Robinson		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) (b) Alcoholism

322.2 77e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Blocked Kidneys

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead when I saw him, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm H Coulbourn	M D	Crisfield Md	Dec 29/49

23. BURIAL, CREMATION REMOVAL (Specify): removal	DATE: Dec. 31, 1949	NAME OF CEMETERY OR CREMATORY: Maryland Antarctical Board - Baltimore	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 12/30/49	REGISTRAR'S SIGNATURE: Betty W. Tyler	24. FUNERAL DIRECTOR: Bratshaw Funeral Parlors	ADDRESS

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V. R.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

12137

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover, R.F.D
LENGTH OF STAY (in this place) 8 to 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover R.F.D.
STREET ADDRESS ✓ (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JULIAN (Middle) (Last) SCARBOROUGH
4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1862
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Not known
14. MOTHER'S MAIDEN NAME Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Daughter of Deceased.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 2 Weeks

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M Lankford (Degree or title) M.D. ADDRESS Princess Ann Md DATE SIGNED 12/27/49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 12-29-49 NAME OF CEMETERY OR CREMATORY Byrd nest Va LOCATION (City, town, or county) Byrd nest (State) Va

DATE REC'D BY LOCAL REG. 12/27/49 REGISTRAR'S SIGNATURE R.H. Johnson, M.D. B.
24. FUNERAL DIRECTOR William H James Jr ADDRESS Pr Ann, Md

RECEIVED
DEC 28 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

12138

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Rural — LENGTH OF STAY (In this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charles S. C. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Edgie (Last) Shores
4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/26/82
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Waterman
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John W. Shores
14. MOTHER'S MAIDEN NAME: Sallie Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT: Roland Parks, Chance, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decapitation (almost complete) — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) ✓ — 625.5
(c) — 170c

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public Highway | (CITY OR TOWN) near Princess Anne | (COUNTY) Somerset | (STATE) Md

TIME OF INJURY (Month) 12 (Day) 24 (Year) 49 (Hour) 12:45 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford | (Degree or title) M.D. | ADDRESS Princess Anne Md | DATE SIGNED 12/26/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/26/49 | NAME OF CEMETERY OR CREMATORY Chance Cemetery | LOCATION (City, town, or country) Chance, Md (State)

DATE REC'D BY LOCAL REG. 12/27/49 | REGISTRAR'S SIGNATURE [illegible], M.D. | 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors | ADDRESS Crisfield, Md

B.

RECEIVED
DEC 28 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12139

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 304 Cove St.

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) (Last) Sterling

4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 1949

5. SEX F
6. COLOR OR RACE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4 mon 1910
9. AGE last birthday ~~39~~ 40 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garment worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tangier Island Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Luther Crockett
14. MOTHER'S MAIDEN NAME Maggie Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-4436
17. INFORMANT AND ADDRESS Roland Sterling

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia Acut Dec of Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 month

422.2 Antecedent cause(s)

131.b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial Nephritis

(c) Pyelitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION non
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1949, to Dec 6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE George E. Coulburn M.D. (Degree or title) ADDRESS Marion Sta Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/9/49
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) Hope Well (State) Md.

DATE REC'D BY LOCAL REG. 12/8/49
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward Covington ADDRESS 306 Main St Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 14 1949
BUREAU V. S.

12140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 204 Main St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): 204 Main St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Emily Long Tawes

4. DATE OF DEATH (Month) (Day) (Year): 12 11 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 10/18/1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset County
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edwin O. Long
14. MOTHER'S MAIDEN NAME: ? Hawkes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: J. Edwin Tawes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Cerebral thrombosis — 2 mo.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction - Pulmonary infarction — 1 yr.

(c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Dec. 11, 1949 that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 12:20 A. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton — (Degree or title): M.D. — ADDRESS: Crisfield, Md — DATE SIGNED: Dec. 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12/13/49 — NAME OF CEMETERY OR CREMATORY: Sunny Ridge — LOCATION (City, town, or county) (State): Hopewell Md.

DATE REC'D BY LOCAL REG.: 12/12/49 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Howard Covington — ADDRESS: 306 Main St Crisfield Md.

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BUREAU V. S.

Evidence for addition in 18a shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12141

FILM No. G 123 JAN 4 1950

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Pocomoke City
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Pocomoke City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) (Last) WALTERS

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: abt 1899

9. AGE last birthday: 50 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: John Dixon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Carcinomatosis, primary site unknown (1/4/50 O.S.)

199.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

552 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
[illegible] County

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry M. Lankford M.D. Princess Ann Md 12/23/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 24 1949 — NAME OF CEMETERY OR ~~CREMATORY~~ Westover Meth. — LOCATION (City, town, or county) Westover — (State) Md

DATE REC'D BY LOCAL REG. 12/23/49 — REGISTRAR'S SIGNATURE R. T. Johnson M.D. — 24. FUNERAL DIRECTOR Henry N. Watson — ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 27 1949
BUREAU V. S.

12142

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield, Maryland
STREET ADDRESS (If rural, give location) Asbury Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) E. (Last) Ward

4. DATE OF DEATH (Month) Dec. (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 26, 1869
9. AGE last birthday 80 yrs. If under 1 year: Months 6 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Confectioner
10b. KIND OF BUSINESS OR INDUSTRY Candy
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME William A. Ward
14. MOTHER'S MAIDEN NAME Mary Jane Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Orin Sterling. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia, Myocarditis (month)	1 mo.
260 Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int. Nephritis, Chronic Myocarditis.	1 year
	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Dec. 18, 1949, that I last saw the deceased alive on Dec. 17, 1949, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gwyn C. Coulbourn M.D.
ADDRESS Marion Sta Md
DATE SIGNED 12/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 20/49
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) Crisfield, Md (State)

DATE REC'D BY LOCAL REG. 12/20/49
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Durward J. Covington
ADDRESS Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 24 1949
BUREAU V. S.

12143

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (in this place) 66 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hampden Ave	STREET ADDRESS (If rural, give location) Hampden Ave

3. NAME OF DECEASED (Type or Print)	(First) Ann	(Middle) Mae	(Last) Wheatley	4. DATE OF DEATH	(Month) Dec.	(Day) 3	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 101883	9. AGE last birthday 66 yrs.	If under 1 year Months. 7	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Thomas Lambdon	14. MOTHER'S MAIDEN NAME Virginia Campbell						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT AND ADDRESS Mrs Richard C. Insley Salisbury, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Condition (dead on arival)

4 3 4.3 Antecedent cause(s)

95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Pr Anne Md (COUNTY) Somerset Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No injury m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from 3, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Smith MD		Princess Anne	Dec. 5th 49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 12-6-49	NAME OF CEMETERY OR CREMATORY Parson Cemetery	LOCATION (City, town, or county) (State) Salisbury, Md
DATE REC'D BY LOCAL REG. 12/6/49	REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.	24. FUNERAL DIRECTOR Levin R. Wilson Princess Anne, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12144

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WESLEY (Last) WINDSOR

4. DATE OF DEATH: (Month) (Day) (Year) 12/18/49 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 10/6/1871

9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rumbley, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Windsor

14. MOTHER'S MAIDEN NAME: Elizabeth C. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lester Windsor-Fairmount

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval between onset and death: 1 wk.

444 Antecedent cause(s)

102 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to December 18, 1949, that I last saw the deceased alive on Dec 17, 1949, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas. B. Whaley M.D. Princess Anne Md Dec 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 12/20/49 | NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery | LOCATION (City, town, or county) (State): Fairmount, Maryland

DATE REC'D BY LOCAL REG. 12/20/49 | REGISTRAR'S SIGNATURE: R. S. Johnson, M.D. B. | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors | ADDRESS: Crisfield

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12145 261

Reg. Dist. No.

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 night

Hospital, institution, or street address where death occurred: Edw. McCready Mem. Hosp. Crisfield Md

How long in hospital or institution? 1 night

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Kingston (If outside city or town limits, write RURAL and give nearest town)

Street No.: Rural (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME Don Jose Wright

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: none

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1949

8. AGE: Years | Months: 9 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Kingston, Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER — 12. Name: Carl Johnson

FATHER — 13. Birthplace: Princess Anne, Md.

MOTHER — 14. Maiden name: Vera Lee Wright

MOTHER — 15. Birthplace: Crisfield, Md.

16. Informant: Bertha Wright

Address: Kingston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17, 1949 (month) (day) (year)

Cemetery or crematory: Family Lot

Location: Kingston, Md.

18. Funeral director: Harvey Bradshaw

Address: Crisfield, Md.

19. 12/16/ 1949 (Date rec'd by registrar) Betty Massey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16, 1949, at 6:19 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15, 1949, to Dec. 16, 1949

and that I last saw him alive on Dec. 15, 1949

Immediate cause of death	DURATION
Acute Dilation of Heart	
Due to: Influenza + Bronchial Pneumonia	
Due to:	
Other conditions	

480 330a

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Geo. T. Coulbourn M.D. M. D. or other

Address: Marion, Md. Date signed: 12/16/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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DEC 20 1949
BUREAU V. S.